



Continuation Guidance – Budget Year Four

Attachment G

Focus Area G: Education and Training

CRITICAL CAPACITY #16: To ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel, and other healthcare providers (including mental health care) in preparedness for and response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies, either directly or through the use (where possible) of existing curricula and other sources, including Centers for Public Health Preparedness, other schools of public health, schools of medicine, academic health centers, CDC training networks, and other providers.

RECIPIENT ACTIVITIES:

1. Support a Focus Area G Coordinator.
2. Implement a learning management system capable of collecting and reporting data on all training and educational activities as well as sharing “best practices” with other public health agencies. (See Appendix 4 for IT Functions #1-5.)
3. **CRITICAL BENCHMARK #25:** Develop and initiate a training plan (1 year), which ensures priority preparedness training is provided across all Focus Areas to the state and local public health workforce, healthcare professionals, and laboratorians.
4. Collaborate with Centers for Public Health Preparedness, other schools of public health, schools of medicine, and academic health centers to develop, deliver, and evaluate competency-based training to enhance preparedness. Describe activities and training provided in collaboration with CDC-funded Academic Centers for Public Health Preparedness. **(LINK WITH CROSS-CUTTING ACTIVITY INVOLVEMENT WITH ACADEMIC HEALTH CENTERS, Attachment X)**
5. (Smallpox) Develop and provide education and training sessions on all components of the smallpox response plan, especially smallpox disease identification and reporting, contact tracing, training of vaccinators, training people to read “takes”, and recognition and management of adverse events after vaccination of public health and health care response teams, and other individuals who may be involved in a response (key healthcare workers, key public health workers, key security staff needed to maintain public order, key EMS staff needed to transport ill patients, key hospital staff, key private physicians and their staff who may be occupationally at risk).



6. (Smallpox) Following exercise, assess training needs for smallpox preparedness as it pertains to large-scale vaccination clinics — with special emphasis on emergency department personnel, intensive care unit staff, general medical staff (including physicians who will likely encounter adverse events), infectious disease specialists, security personnel, housekeeping staff, other healthcare providers, and public health staff.
7. (Smallpox) Develop and regularly update a community-based online inventory that lists all available technical, clinical, epidemiological, and other expertise that could provide needed services during a smallpox outbreak. (See Appendix 4, IT Function #7) **(LINK WITH FOCUS AREA E)**
8. (Smallpox) Identify staff needed to support large-scale clinic operations. This includes: vaccinators, security personnel, traffic control staff, vaccine storage and handling staff, clinic managers, screeners, medical staff, and others needed to run a large-scale smallpox clinic, according to previously issued CDC guidance, [Guidelines for Smallpox Vaccination Clinics \(Annex 2\)](#) and [Smallpox Vaccination Clinic Guide \(Annex 3\)](#).
9. (Smallpox) Train staff needed to support large-scale clinic operations. This includes: vaccinators, security personnel, traffic control staff, vaccine storage and handling staff, clinic managers, screeners, medical staff, and others needed to run a large-scale smallpox clinic, according to previously issued CDC guidance, [Guidelines for Smallpox Vaccination Clinics \(Annex 2\)](#) and [Smallpox Vaccination Clinic Guide \(Annex 3\)](#).

ENHANCED CAPACITY #12: To ensure that public and private health professionals and other members of the community are identified in advance and can be effectively trained to mobilize and respond during a public health emergency.

RECIPIENT ACTIVITIES:

1. In collaboration with local health agencies, clinician professional organizations, hospital associations, occupational health agencies, Centers for Public Health Preparedness, academic health centers, and other community -based partners identify and prepare a list of qualified public health, healthcare, and responder personnel who would comprise a local, geographically defined response workforce for specific hazards and threats (e.g. biological, chemical, radiological, mass trauma, etc.) (See Appendix 4, IT Function #7) **(LINK WITH FOCUS AREA E)**

ENHANCED CAPACITY #13: To provide directly or through other organizations the ongoing systematic evaluation of the effectiveness of training, and the incorporation of lessons learned from performance during bioterrorism drills, simulations, other exercises, events, and evaluations of those exercises.



RECIPIENT ACTIVITIES:

1. Design and develop formal evaluations and competency reviews to assess performance of the public health, healthcare delivery, and laboratory workforce in responding to a public health emergency. Include an analysis to identify performance gaps and a strategy to implement recommended improvements. Collaborate with state-based and national public health and healthcare professional organizations and agencies.